

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

1. Name: (Last)

(First)

2. DOB:

3. A #

4. Nationality:

5. Sex:

M F

6. Today's Date:

DIHS LOCATION: _____

SECTION I: ASK THE DETAINEE (*Check the appropriate box*)Y / N Have you seen a doctor in the past year?
If YES, for what?Y / N Are you having any pain?
If YES, where?Y / N Have you been hospitalized in the past 6 months?
If YES, for what?Y / N Have you ever been treated for problems with drugs or alcohol?
If YES, when, where, and for what?

Do you now have or have you ever had any of the following?

Y / N Your skin break out in bumps, or trouble breathing after taking medication?

Y / N Sores on your privates, or a drip from your privates?

Y / N The whites of your eyes or your nails turn yellow?

Y / N Fits or seizures?

Y / N Trouble peeing?

Y / N Persistent cough (of more than 3 weeks duration)?

Y / N Hemoptysis (coughing up blood)

Y / N Not been able to eat with a significant weight loss?

Y / N A persistent fever?

Y / N Night sweats?

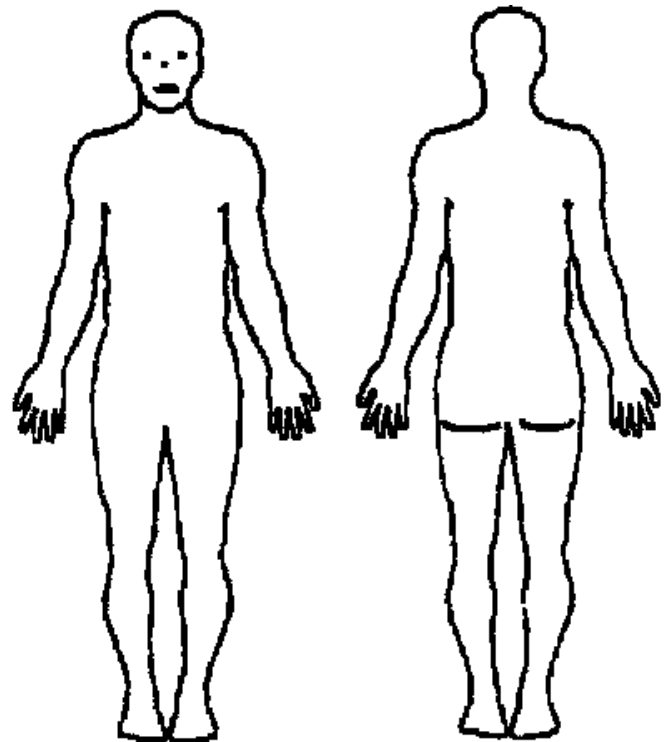
Y / N Weakness / lethargy (tired)

Y / N Are you afraid you might lose your mind or go crazy?

Y / N Are you afraid you might hurt or kill yourself or others?

Y / N If female, are you pregnant?

Please mark any bruises, scars, cuts or other marks or distinguishing physical characteristics in the diagrams below, and notify the DIHS medical officer if you feel that the detainee needs any kind of medical evaluation.

**SECTION II: YOUR OBSERVATIONS OF THE DETAINEE** (*Check the appropriate box*)

Does the detainee appear to be:

Does the detainee appear to have:

Y / N Not doing what you tell him to do?

Y / N Acting crazy or strange?

Y / N Sweating a lot?

Y / N Malnourished?

Y / N Shaking / Tremors?

Y / N Skin broken out in bumps / rash?

Y / N Cuts or bruises?

Y / N Needle tracks?

Y / N A handicap?

SECTION III: DETAINEE SENT TO (*Circle appropriate number*)

1. General population
2. General population with referral to medical care
3. Referral for immediate medical care
4. Isolation until medically evaluated

*Signature of individual completing the form*_____
Printed name of individual completing the form